



JC813 U.S. PRO
09/618911
07/18/00



POST OFFICE TO ADDRESSEE

EK863325708US

POSTAL USE ONLY			
ZIP Code 87612	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input checked="" type="checkbox"/>	
Origin Day 30-00	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Destination Day 18-00	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight 5 lbs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
Delivery Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Acceptance Clerk Initials RJR	Total Postage & Fees \$ 17.54	

**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS**

Customer Copy

CUSTOMER USE ONLY	
MODE OF PAYMENT: Business Mail Corporate Acct. No. Personal Agency Acct. No. or Individual Service Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature

FROM: (PLEASE PRINT) **PHONE ()** 864 433-3247
D 41939-10
LAW DEPARTMENT
CRYOVAC, INC.
P. O. BOX 464
DUNCAN, SC 29334

TO: (PLEASE PRINT) **PHONE ()**
ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, DC 20231

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com **EMS**

